Dr. Harry E. Alderson was graduated in medicine from the University of California and, after further study in this country and abroad, joined our clinic, where his good work, and especially a paper he wrote on the pathologic anatomy of lichen planus, secured him recognition from Prof. George T. Jackson of Columbia University, and hence that of President Wilbur of Stanford, who in 1908 appointed him clinical professor of dermatology. Under his astute management the Clinic has become well manned, well equipped, and provided with abundant and varied material.

INTRODUCTION OF RADIANT ENERGY

Sherman, in his enthusiastic reconstruction of the hospital after the fire, touched me for a nice sum, which he wished to devote to window screens, but which I insisted should be employed in rigging up the cutaneous clinic, especially with an x-ray apparatus, which was then enjoying the vogue of a new therapeutic instrument. This I imported from France, and it was similar to one I had in my office. Fortunately, they were worthless instruments, as the plunger which made the interruptions was much too slow to get an effective current. I say fortunately, because the enthusiasm awakened by the new treatment was boundless, and many of the operators were burned, one of whom, a woman, died of her injuries.

At about the same period radium was introduced, and M. Curie, himself, got a burn of the thigh through carrying it in his pocket while traveling from Paris to London. Radium did less damage than the x-rays, principally because it was so dear that it was less employed. I, luckily, was associated with George D. Culver, one of the cleverest clinicians I have ever known, who devised a technique safe both for the patient and the operator.

INTRODUCTION OF SALVARSAN

The next acquisition for dermatology was salvarsan, which I first heard mentioned by Bartolomeo Sommer while in Buenos Aires in 1910. Because of this I went to Europe, and while in Paris saw some of the terrible ulcers of the buttocks caused by the new remedy. In Frankfort, Professor Ehrlich advised me to see it given by infusion, and I marvelled at the temerity of both patient and doctor at infusing at one dose fifty times the lethal quantity of arsenic. Still another marvel was the speed with which it cleared up the lesions of the skin and mucous membranes. After visiting the Magdeburg Clinic, where Arl and Schreiber first introduced the drug by infusion, I was presented with a box of ampoules, which I forwarded to the University of California Clinic. This must have been among the very first used in America.

Salvarsan caused two revolutions in the practice of medicine. It introduced intravenous medication, now so popular, and it caused syphilis to be regarded, as it should be, as a disease for the internist.

STUDY OF VITAMINS AND ALLERGY

Through the Wassermann reaction in diagnosis, and the arsenicals and bismuth in treatment, syphilis, as above mentioned, became a disease for the internist, and dermatologists turned more definitely to the study of the other dermatoses, particularly to allergy and the influence of the vitamins. Harry Templeton, of the University Clinic in Berkeley, has, with his usual energy, employed his material in developing our knowledge of the vitamins, and Albert H. Rowe is a well-known authority on allergy.

During the years we have reviewed, the practice of medicine has made many notable changes, and those connected with dermatology, besides its gradual recognition as a specialty, are the discovery of the Wassermann reaction of the blood in syphilis, the introduction of intravenous medication and the especial aptitude of the skin for showing the vitamin deficiencies and the allergic reactions. The skin is a supremely sensitive organ, and many of its sensations are easily demonstrable, such as touch, locality, pain, heat, and cold. There are besides, however, many other sensations and functions not so easily elicited, and it would appear that the future scientific advance of this study lies in the neurodermatoses, as indicated in the recent book by Becker and Obermayer.[1]

In concluding, my desire is that the study of this specialty, which has advanced so far, may continue to be ever more fruitful in beneficent results, both to physician and patient.

450 Sutter Street.

REFERENCE

1. Becker, S. William, and Obermayer, Maximilian E.: Modern Dermatology. J. B. Lippincott Company, Philadelphia, 1940.

CLINICAL NOTES AND CASE REPORTS

HIPPOCRATES' APHORISMS*

By MOSES SCHOLTZ, M. D.
Arcadia

SECTION SEVEN (Continued)

37. Hemoptysis without fever
Is curable, but brings
Death when joint with fever; treat it
With cold and styptic things.

38. A serous effusion
In the pleura displays
Suppuration,
In twenty days.

39. Identical with iv-80.

40. Paralysis of the tongue
Or other body-parts,
From melancholic humors
Mostly starts.

* For other aphorisms, see CALIFORNIA AND WESTERN MEDICINE, March 1940, page 125; April 1940, page 179; May 1940, page 231; July 1940, page 35; August 1940, page 85; September 1940, page 130; December 1940, page 272; January 1941, page 27; February 1941, page 82; March 1941, page 124; April 1941, page 229; July 1941, page 35; September 1941, page 140; October 1941, page 204; November, 1941, page 254.

41. If strong catharsis is followed
By hiccups in old folk,
Around the sick
Grave dangers stalk.

42. Fevers not of bilious nature
Can be helped or cured,
If effusions of hot water
On the head can be secured.

43. Obeying Nature's
Strange commands,
Women don't have equal
Use of both hands.

44. When in empyema dealt with cautery or knife
Pure white pus meets the healer's eye,
The sick will live; but if pus's bloody,
Slimy, fetid, the sick will die.

45. The sick gets well with liver abscess,
Opened by cautery or knife,
If pus is pure and white; but if it looks
Like dregs of oil, the sick will lose his life.

46. By drinking undiluted wine,
One can relieve pain of the eyes;
Also by copious hot baths,
Or, if one venesection tries.

47. Dropsy, followed
By a hiccup-spell,
Rings for the sick
His death-knell.

48. Dysuria is cured
By drinking pure wine,
And by venesection
On the inside line.

49. Identical with vi-37.

50. If brain is stricken with gangrene,
The sick dies in three days;
But, if he does survive this term,
Restored to health, he stays.

51. Sneezing comes from heat and moisture
In the cavities of the head;
The excess air, expelled, resounds
Through narrow passages, being sped.

52. A fever, supervening
On painful liver maladies,
Causes the pain
Soon to decrease.

53. Identical with vi-47.

54. Undrained, phlegm between the stomach
And diaphragm occasions pains,
But it clears up by being diverted
To the bladder, through the veins.

55. A liver filled with water
Which bursts into the cavity
Of the abdomen, fills it,
And leads to the fatality.

56. One can relieve
Chills, yawning and anxiety
By drinking wine and water,
Mixed evenly.

57. Identical with iv-35.

58. In strong concussions
Of the brain,
The sick the loss
Of speech sustain.

59. Identical with iv-35.

60. For men of humid flesh
Fasting is good,
Because it has
A drying aptitude.

61. Identical with iv-40.

62. Copious sweats, be hot or cold,
In a constant stream, mean humid flesh;
It calls for purging downward
In the weak, and in the strong upward.

63. Identical with iv-43.

64. Identical with iv-44.

65. Identical with iv-45.

66. A food, which brings strength to a well person
And is borne well by him with ease,
If given to a fevered sick,
Turns poison and spurs on disease.

67. If the urine
Appears right,
The patient's outlook
Is bright.

68. When feces, if allowed to stand unshaken,
Display a sediment of bowels-shreds,
Strong purge is good; but giving food before it
Is wrong, as from it danger spreads.

69. Black bile is commonly
The source of crude feces,
And regulates its growth,
Its losses and increases.

70. Identical with iv-47.

71. Before commencing purging, prepare the body
For it: for cleansing upward
The belly should be bound, but moistened
For cleansing downward.

72. Identical with ii-3.

73. Identical with iv-48.

74. Identical with iv-49.

75. Dropsy oft trails anasarca.

76. Identical with vii-6.

77. Identical with vi-43.

78. Gangrene is prone
To cause sequestre of the bone.

79-80. Identical with vii-15, 16.

81. If body-fluids and the skin
Are changed, disease is marked thereby;
And, when the changes are extreme,
The sick are apt to fail and die.

82. When people over forty turn maniacs,
They do not easily get well;
But when disease fits age and constitution,
A brighter course can one foretell.

83. Identical with iv-52.

84. When in quartan fevers
A nose-bleed takes place,
Many new dangers
The sick will face.

85. Sweats strong, quick, copious and cold
Are bad, when not on crisis-days,
For they arise from violence of pain,
And long duration of the case.

86. Excessive diarrheas
Are bad in long disease.

87. Diseases that resist all drugs
May finally yield to knife,
And others still may yield to fire;
The rest will plague the sick for life.

413 Longden Avenue.

(The End)

MEDICAL EPONYMS

Klebs-Loeffler Bacillus

The bacillus of diphtheria was discovered by Edwin Klebs (1834-1913), of Zürich, and reported at the Second Congress for Internal Medicine at Wiesbaden on April 19, 1883. The paper "Ueber Diphtherie [On Diphtheria]" is printed in the *Verhandlungen des Kongresses für innere Medizin* (2:139-154, 1883). A portion of the translation follows:

"In form, these rods are of equal length, quite narrow and, on the whole, hardly as large as tubercle bacilli. A fair number are spore bearers, each rod always having two spores, one at each end."

Friedrich August Johann Loeffler (1852-1915), in a monograph entitled "Untersuchungen über die Bedeutung der Mikroörganismen für die Entstehung der Diphtherie beim Menchen, bei der Taube und beim Kalbe [Studies concerning the Significance of Microörganisms in the Etiology of Diphtheria in the Human Being, in the Pigeon, and in the Calf]," was able to demonstrate by the application of Koch's postulates that the organism described by Klebs was indeed the etiologic factor in diphtheria. In this monograph, which was published in the *Mitteilungen aus dem kaiserlichen Gesundheitsamte* (2:421-499, 1884), the author refers to previous investigations. A portion of the translation follows:

"We thus see that studies dealing with the significance of bacteria that occur in diphtheritic material have not as yet led to any satisfactory conclusions. It seemed imperative, therefore, to attack the solution of this important question with the help of the newest investigative methods, namely Koch's methods of culture on solid media, and thus to discover the significance of all these kinds of bacteria. It was necessary, first, to determine which varieties, by reason of their relation to the diseased tissues, seem to be chiefly concerned in the etiology of diphtheria, then to grow these in pure culture, and finally to undertake animal inoculation experiments with the pure cultures in as many species as possible."

There follows a detailed account of the successful investigation that enabled him to say in conclusion: "We thus have here two examples of perfect, infectious diphtheria of pure bacillary origin."—R. W. B., in *New England Journal of Medicine,* Vol. 225, No. 14.

Koch's Postulates

These postulates are laid down in the monumental contribution of Robert Koch (1843-1910), "Die Aetiologie der Tuberculose (The Etiology of Tuberculosis)," which was delivered as a lecture to the Physiological Society in Berlin on March 24, 1882. It appears in the *Berliner klinische Wochenschrift* (19:221-230, 1882). A portion of the translation follows:

"To prove that tuberculosis is a parasitic disease occasioned by the invasion of the bacilli and primarily caused by their growth and increase, these bacilli had to be isolated from the body, and kept in pure culture until they were free from any possible contamination with other disease products of the animal organism; and finally it was necessary to reproduce the same disease picture of tuberculosis (which experience showed could be obtained by injection of naturally produced tuberculous material) by transfer of the isolated bacilli into animals."

Koch then described his method of staining the tubercle bacilli, finding them in the lesions and culturing them. His success in reproducing tuberculous lesions and recovering the bacilli from them established a standard for this type of bacterial investigation that has remained fixed ever since.—R. W. B., in *New England Journal of Medicine,* Vol. 225, No. 15.

Horner's Syndrome

Johann Friedrich Horner (1831-1886), professor at Zurich, published an article "Ueber eine Form von Ptosis [Concerning a Form of Ptosis]" in the *Klinische Monatsblätter für Augenheilkunde* (7:193-198, 1869). A portion of the translation follows:

"Six weeks after the last pregnancy that occurred a year before I saw her, the patient noticed a gradual drooping of the right upper eyelid . . . the pupil of the right eye was found to be definitely smaller than that of the left, the eyeball very slightly sunken. . . . While the case was under observation, there developed before our eyes gradually increasing redness and heat of the right half of the face, although the left half remained pale and cold. . . . The patient then told us for the first time that she had never perspired on the right side. . . . I believe that in view of all these symptoms no one will question my opinion that this gradually developing, but never complete, ptosis should be regarded as a paralysis of the superior palpebral muscle, which is supplied by the sympathetic. I thus regard the phenomenon in the upper lid as a part of a larger symptom-complex.—R. W. B., in *New England Journal of Medicine,* Vol. 224, No. 24.